

**REQUEST FOR SCHOOL TO ADMINISTER TEMPORARY MEDICATION**

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

Please note that medicines that need three doses per day will not usually be given in school, and should be administered by the parent after school.

**DETAILS OF PUPIL**

Full Name: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CONTACT DETAILS**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

**MEDICATION**

Name of medication			
Dosage and method			
Dates and times to be taken	Date:	Time:	Given: <input type="checkbox"/>
	Date:	Time:	Given: <input type="checkbox"/>
	Date:	Time:	Given: <input type="checkbox"/>
	Date:	Time:	Given: <input type="checkbox"/>
	Date:	Time:	Given: <input type="checkbox"/>
Special Precautions			
Side Effects			
Can the child self-administer?	Yes / No		
Procedures to be taken in an emergency			

Medicines should be collected by an adult from the School Office at the end of each day or once they no longer need to take the medication unless you specify collection instructions:

\_\_\_\_\_

I understand that I must deliver the medicine personally to the school office and accept that this is a service which the school is not obliged to undertake.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_